

Maine CDC WIC Nutrition Program/MaineCare Request/Prior Authorization for Medical Formula/WIC-Eligible Nutritionals

Healthcare Provider:	Return form to:
Address:	
Phone: Fax:	
Provider DEA:	
Patient's Name: Date	of Birth: / /
MaineCare ID#: Pare	nt/Guardian:
Pharmacy Name: Phar	macy Address:
Pharmacy Fax: Pharm	macy NABP/NPI #:
Please specify the underlying qualifying medical diagnosis(es): Please note that non-specific conditions such as rash, intolerance, underweight, fussiness, colic, spitting up, vomiting, gas, or constipation, or requests strictly for management of body weight will <u>not</u> be considered indications for a medical formula.	
Total Alleraine / conseit /	Developmental Delay
☐ GI Disorder/Malabsorption Syndrome (specify):	
☐ Failure to Thrive (specify underlying medical condition):	
□ Other (specify):	
The Maine CDC WIC Nutrition Program issues only contract infant	formula for partially breastfed or non-breastfed infants who are
using standard cow's milk or soy formulas. The current contract formulas include: Similac Advance (20 kcal/oz), Similac Isomil (20kcal/oz), Similac Sensitive (19kcal/oz), Similac Total Comfort (19 kcal/oz) and Similac for Spit-Up (19 kcal/oz). The 19kcal/oz formulas require medical documentation prior to issuance. All prescriptions for medical formulas are subject to WIC approval and provision based on program policies. Please refer to the Maine CDC WIC Nutrition Program formulary for more information: http://www.maine.gov/dhhs/mecdc/health-equity/wic/health/index.shtml#F	
Formula Prescribed: Pre Tube feeding	scribed ounces or cc/day
Special instructions for preparation, dilution or tube feeding (if applicable):	
Duration: ☐ 1 month ☐ 2 months ☐ 3 months ☐ 6 months ☐ 12 months ☐ Until first birthday ☐ Discontinue prescribed formula	
Foods to be omitted in patient's diet: None	
☐ WIC Registered Dietitian may assess for and provide appropriate WIC foods (such as provision of infant solids at 6 months of age, transition to whole milk at 12 months, and discontinuation of prescribed formula after 12 months) to my patient receiving a prescribed formula. If this checkbox is not selected, WIC must have written authorization from HCP to provide foods.	
☐ Whole Milk for child ≥ 24 months or woman (must also be prescribed medical formula for qualifying medical condition)	
HEALTH CARE PROVIDER SIGNATURE (MD, DO, PA, NP):	Date:
Printed Name (Health Care Provider):	

Appendix NS-2-G Revised: 10/01/2018